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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of:) Group Art Unit: 3712
Michael GREENBERG) Examiner: A. Abdelwahed
Serial Number: 10/092,896) Attorney Docket: GREE3008beu
Filed: March 8, 2002) Confirmation No.: 2716

For: **Infant Mobile Having Multiple Activation Modes, Including A Kick-Bar Activation Mode And a Remote Activation Mode**

AMENDMENT AND RESPONSE

Honorable Commissioner For Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

Sir:

This paper is in response to the Official Action dated June 18, 2003.

Reconsideration of the application is respectfully requested based on the following amendments and remarks.

RECEIVED
SEP 25 2003
TC 3700 MAIL ROOM

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3712

PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION OF: **MICHAEL GREENBERG**
SERIAL NO.: 10/092,896

GROUP ART UNIT: 3712

FILED: March 8, 2002

EXAMINER: A. Abdelwahed

FOR: INFANT MOBILE HAVING MULTIPLE
ACTIVATION MODES, INCLUDING A KICK-BAR
ACTIVATION MODE AND A REMOTE
ACTIVATION MODE

ATTY. REFERENCE: GREE3008/BEU

COMMISSIONER OF PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

RECEIVED
SEP 25 2003
TC 3100 MAIL ROOM

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.
☒ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims		- ¹	= ³	× \$ 9 =	× \$ 18 =
Independent Claims		- ²	= ³	× \$ 42 =	× \$ 84 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$140 =	+ \$280 =
TOTAL					

¹ If less than 20 enter 20.

² If less than 3 enter 3.

³ If less than 0 enter 0.

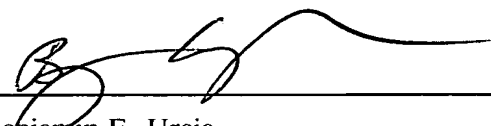
- ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ _____. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ _____ is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is attached.
- ☒ Also enclosed is/are: **2 -Sheets of Proposed Drawing Corrections (Figs. 3 and 4)**

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Customer Number

DATE: September 22, 2003

Respectfully submitted,


Benjamin E. Urcia
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